

**APPLICATION FOR NEW HAMPSHIRE LICENSED PLUS QUALITY RATING
CENTER BASED PROGRAMS - OPTION 1**

CHECK TYPE OF APPLICATION:

☐ NEW

☐ RENEWAL (EVERY 3 YEARS)

PROGRAM NAME: _____

PHONE NUMBER: _____

ACTUAL LOCATION ADDRESS:

STREET CITY/TOWN STATE ZIPCODE

MAILING ADDRESS (IF DIFFERENT):

STREET/PO BOX CITY/TOWN STATE ZIPCODE

NAME OF PROGRAM DIRECTOR: _____

EMAIL ADDRESS: _____

NAME OF APPLICANT/OWNER (IF DIFFERENT THAN PROGRAM DIRECTOR):

EMAIL ADDRESS: _____

INSTRUCTIONS:

- It is mandatory that you document compliance with the eleven required standards, which are highlighted and marked with an asterisk in the left hand column. In addition, select and demonstrate compliance with five additional standards for a total of **sixteen standards**.
- Required documentation must accompany this form. Each item of documentation should be labeled in red in the upper right hand corner with the corresponding standard number. For example, the copy of your license will be labeled with a red "1" on the upper right corner.
- Note that standards 11, 19 and 20 require that the family child care provider initial a statement verifying that the standard has been met. The verifying statements in standards 2b and 15 are required if the provider/applicant chooses that option, either in addition to or in lieu of submitting documentation.
- Tally the entries in the right hand column to confirm that you have selected, documented and/or verified compliance with a total of **16 standards**.
- **If you are certified** by the Department of Health and Human Services, Division for Children, Youth and Families (DCYF), to provide child care services for children in preventative or protective care, please place a check mark in the appropriate box below, and **include a copy of your current certification**.
 - ☐ Yes, I am certified by DCYF
 - ☐ No, I am not certified by DCYF
- Programs that have been issued a Licensed Plus Certificate will be required to complete and submit an Update form annually, indicating any changes, along with supporting documentation.
- Keep a copy of this application and supporting documentation for your records.
- If you have questions or need further information contact the Licensed Plus Program AT 271-4829 OR 1-800-852-3445, Extension 4829, or view the Licensed Plus web site at: _____
- Submit this application and documentation to:

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF PROGRAM SUPPORT, BUREAU OF CONTINUOUS IMPROVEMENT AND INTEGRITY
129 PLEASANT STREET, CONCORD, NH 03301-3857
ATT: LICENSED PLUS PROGRAM SPECIALIST

<u>LICENSED PLUS STANDARDS</u> <u>CENTER -BASED PROGRAMS</u> (OPTION ONE)		<u>DOCUMENTATION REQUIREMENTS</u> PLACE A CHECK MARK ✓ IN THE COLUMN TO THE RIGHT OF EACH APPLICABLE STANDARD TO INDICATE THAT YOU HAVE ENCLOSED THE FOLLOWING REQUIRED DOCUMENTATION, AND OR INITIALLED THE VERIFICATION STATEMENT WHERE REQUIRED.	
REGULATION			
*	1. My license, issued by DHHS is current and is not conditional or suspended.	Copy of your current license. License number: _____	
ADMINISTRATION & BUSINESS PRACTICES			
*	2B. The program director's initials below verifies that annual performance evaluations have been completed within the past 12 months for all administrative and teaching staff employed for at least 1 year. Initials: _____	Sample copy of your performance evaluation form(s).	
*	3. The program has written personnel policies and/or a staff handbook that details the programs current personnel policies.	Copy of your current policies and procedures manual or staff handbook.	
	4. There are written job descriptions for each paid position.	Copy of written job description for each paid position.	
LEARNING ENVIRONMENT			
*	5. At least one current employee has attended a workshop in the past twelve months incorporating New Hampshire Early Learning Guidelines.	Copy of a certificate of attendance documenting that in the past 12 months at least 1 employee has attended a workshop incorporating NH Early Learning Guidelines.	
	6. The program has a written curriculum statement that outlines and explains the program's current curriculum.	Copy of your curriculum statement that may include a philosophy or vision statement, staff handbook, and/or parent handbook or other written document that includes your program's current curriculum statement.	
	7. The program has a written curriculum plan.	Copy of the current curriculum plan used in your program.	
PARENT/FAMILY INVOLVEMENT			
*	8. The families of enrolled children are welcome in the program at all times.	Evidence of communication to families of enrolled children that they are welcome in the program, which may include a written policy statement, parent handbook, a picture of a welcome sign, welcome letter or other written communication which conveys this policy to parents.	
	9. Program policies are communicated to the parents/families of enrolled children via a parent/family information packet or handbook, enrollment materials, contract, welcome letter or other written communication.	Copy of your parent/family information packet or handbook, enrollment materials, contract, welcome letter or other written communication that informs parents of the program's policies.	
*	10. The program communicates with parents/families of enrolled children, in writing, on a regular basis.	Evidence of this practice that may include but is not limited to a copy of parent newsletter, sample copy of weekly communication log, sample copies of memos to parents.	
	11. The initials of the program director below verifies that the program offers all parents of enrolled children a parent/teacher conference on an annual basis. Initials: _____		
	12. The program director has completed a strengthening families self-assessment form,	Copy of the completed Self-Assessment Form, strategies 1 – 7. signed by the program director. Note: the forms can be downloaded from : www.cssp.org/uploadFiles/handbook.pdf Pages 28 - 57	

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CHILDREN WITH SPECIAL NEEDS			
*	13. Children and families of all abilities are welcomed, the program is modified and reasonable accommodations are made to maintain children with special needs in the program.	Written documentation that explains the inclusive policy and demonstrates that the program welcomes children and families of all abilities, makes modifications and reasonable accommodations to maintain children with special needs in the program, and supports employed staff in their professional development, which may include a statement in your parent/family handbook with the applicable pages highlighted, promotional materials, and/or other written parent communication.	
PROFESSIONAL DEVELOPMENT			
*	14. The program director(s) and all associate and lead teachers have completed a minimum of 9 hours annually of professional development activities, including early childhood education, management, administration or leadership.	Copy(ies) of completed training or education logs, signed by the program director, for 90% of the following positions; program director(s) and associate and lead teachers.	
*	15. Choose one or both of the following two options, as applicable, and indicate your selection by placing a check in the box provided. <input type="checkbox"/> The initials of the program director below verify that professional development plans are in place for the program director(s) and associate and lead teachers. Initials: _____ <input type="checkbox"/> The program director and associate and lead teachers have achieved Minimum Level 1 Credential from the New Hampshire Early Childhood Professional Development System, administered by DHHS, Child Development Bureau.	Copy of one completed professional development plan with name removed. Copy of credentials at Minimum Level I.	
STAFF QUALIFICATIONS AND COMPENSATION			
*	16. List of benefits provided (including paid vacations, holiday, and health insurance.)	Copy of benefits provided to staff.	
	17. The at least half the program's teaching staff have at least 12 college credits in early childhood education and/or child development.	Copy of relevant transcript(s) or degree received.	
	18. The program has a written salary scale, which indicates compensation ranges for positions based on qualifications and tenure.	Copy of your current written salary scale.	
PROGRAM EVALUATION			
*	19. The initials of the program director below verifies that parent surveys have been distributed to parents of enrolled children within the past 12 months. Initials: _____	Copy of your parent survey.	
	20. The initials of program director below verifies that staff surveys have been distributed to all staff within the past 12 months. Initials: _____	Copy of your staff survey.	

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PROGRAM EVALUATION CONTINUED			
21.	An environmental rating scale (ECERS, ITERS, FDCRS, SACERS, ECERS-R, ITERS-R) has been completed for the program.	Copy of your environmental rating scale report. Note: For more information on how to obtain the environmental rating scale(s) click on the following link or log on to: www.fpg.unc.edu/~ecers/	
22.	The program has a written improvement plan based on evaluation tools chosen by the program director.	Copy of your current written improvement plan.	
		Please total the standards documented with this application to ensure that you have demonstrated compliance with 16 standards, including the 11 mandatory standards, and the 5 additional standards you selected.	_____

THE FOLLOWING SECTION MUST BE SIGNED BY THE PROGRAM DIRECTOR AND OWNER/APPLICANT, IF DIFFERENT THAN PROGRAM DIRECTOR.	
<p>By signing below, I hereby verify that:</p> <ul style="list-style-type: none"> I have read and understand the Licensed Plus Quality Rating Standards and the requirements for the application process. I understand that a Licensed Plus Program Specialist may visit my program to discuss the application, offer consultation, and review applicable records for compliance. I understand that submission of false or misleading documents will be considered fraudulent, which may result in revocation of my NH Child Care Agency License, billing privileges with the Department, and my Licensed Plus Quality Rating. All information provided as part of this application and in all attachments is true and accurate to the best of my knowledge. <p>Signature of Program Director: _____</p> <p>Date signed: _____</p> <p>Signature of Owner/Applicant: _____</p> <p>Date signed: _____</p>	